10/571989

3/13/2006

CSU-17999

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**Application Number** 

Filing Date

## **REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY** AND

First Named Inventor Cleveland State University et al. **Art Unit** 1651 **Examiner Name** Lora Elizabeth Barnhart CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number

I hereby revoke all previous powers of attorney given in the above-identified application.		
A Power of Attorney is submitted herewith.		
OR		
I hereby appoint the practitioners associated with the Customer Number:  040854		
✓ Please change the correspondence address for the above-identified application to:		
The address associated with Customer Number:     040854		
OR		
Firm o <i>r</i> Individual Name		
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City State Zip		
Country		
Telephone Fax		
I am the:  Applicant/Inventor.		
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		
SIGNATURE of Applicant or Assignee of Record		
Name Sonali B. Wilson, University Legal Counsel, Cleveland State		
Signature Aneli 6. Wilson		
Date 1/8/68 Telephone 216-687-3543		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		
*Total of _2forms are submitted.		

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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STATEMENT UNDER 37 CFR 3.73(b)		
Applicant/Patent Owner: Cleveland State University et al.		
Application No./Patent No.: 10/571989	Filed/Issue Date: 3/13/2006	
Entitled: EXOSITE-DIRECTED THROMBIN INHIBITORS		
Cleveland State University		
(Name of Assignee)	(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)	
states that it is: 1.  the assignee of the entire right, title, and interest; or		
2. an assignee of less than the entire right, title and interest.  The extent (by percentage) of its ownership interest is ——————————————————————————————————		
A. [/] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 017505, Frame 0743, or for which a copy thereof is attached.		
OR		
B. [ ] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:		
From: — To: — To: — The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.		
2. From: To:		
Reel, Frame	ed States Patent and Trademark Office at, or for which a copy thereof is attached.	
3. From:	To:ed States Patent and Trademark Office at	
Reel, Frame	ed States Patent and Trademark Office at, or for which a copy thereof is attached.	
[ ] Additional documents in the chain of title are listed on a supplemental sheet.		
[ ] Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]		
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.		
1/8/08	Sonali B. Wilson	
' Date 216-687-3543	Typed or printed name  NALL S. WILL	
Telephone number	Signature	
	University Legal Counsel, Cleveland State	
	Title	

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